PLEASE PRINT

### STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## RECEIVED

JAN 3 0 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lob	byist(s) George W. Rou	ssos and Lindsay E	E. Nadeau		
II. Name of lob	byist's partnership, firm or	corporation, if any:			
Orr & Reno	, P.A.				
	(Name of partnership, firm or	corporation)		_	
45 S. Main	Street, P.O. Box 3550	Concord	NH	03302	
Business Address:		(Town/City)	(State)	(Žip Code)	
(603) 224-23	381 (60)	3) 224-2318	e-mail groussos	@orr-reno com	
(Teleph		(Fax)	v <u></u>	A SALL LOUGION	
reportable expe	nent covers: (Choose one – 1 ense transactions which are le transactions occurring in th	not attributable to a	ny one client).		
·	_	······································			
Aine	riHealth Caritas (Full Name of Client as	it appears on the Lobby	ist Registration Form)	<del></del> -	
<u>OR</u>	•		-1		
	e transactions by the lobbyist particular client.	(including the lobbyi	st's family), or the lobbying	firm listed below which are	
IV. Date of Rep	oort April 25, 2018		July 25, 2018 🗍		
Reports cover:	activity from date of registrat	ion to 3/31/18 a	activity from 4/1/18 to 6/30/18		
	October 31, 2018		January 30, 2019 🛭 activity from 10/1/18 to 12/31/1	0	
	activity from 7/1/18 to 9/	30/18	activity from 1w1/16 to 12/51/1	o	
	e been no fees received an icked, complete just this form 1301.				
VI Check if ad	ditional reports are attache	d:	•		
	received fees or made expen		Addendum A- Fees and Exp	penses	
-	paid an honorarium or reimb				
🌠 If you, your	firm, or your family has mad	le political contributio	ns, you must file Addendun	n C- Political Contributions	
I have read RSA and complete to		nd RSA 664 and herel id belief.	by swear or affirm that the fo		

# P L E A S E P R I N T

### STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nades	au
II. Name of lobbyist's partnership, firm or corporation, if any:	
Orr & Reno, P.A.	
(Name of partnership, firm or corporation)	1 1 -
III. Name of Client AmeriHealth Caritas	Date 0\ 30 (19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations services coss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) s
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 72,900.00 (ear)
c) Total of all fees received to date (Add lines a and b)	c) s 90,900,00
d) 'Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ (459.48
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all ele: meals purchased during a business ess than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a).\$().00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ь)\$
c) Total of all itemized expenditures reported in detail in section VI.	c) <b>\$</b>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	00.0
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	100.00
f) Total of all expenses year to date	f) \$	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees du	iring this reporting
Paid to:	Amount:	
	\$	<del></del>
	\$	· · ·
	<del></del>	
		<del></del>
		<del>,</del>
	\$	
		<del>-</del>
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the fore	going information
(Signature of lobbyist)  George W. Roussos (Print Name of lobbyist)	(Då	te) (

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

George W, Roussos
(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Orr & Reno, P.A. Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): AmeriHealth Caritas Date of Report (check one): April 25, 2018 🗆 July 25, 2018 □ October 31, 2018 □ January 30, 2019 🖾 I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): ! Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.